

1 SENATE JOINT MEMORIAL 50

2 **49TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2010**

3 INTRODUCED BY

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10 A JOINT MEMORIAL

11 REQUESTING THAT MEDICAID FUNDING MEET ENROLLMENT NEEDS AND THAT
12 CUTS TO ELIGIBILITY AND SERVICES BE AVOIDED; REQUESTING THE
13 DEVELOPMENT OF A PROGRAM TO ESTABLISH NATIVE AMERICANS IN A
14 SEPARATE CATEGORY OF MEDICAID ELIGIBILITY WITH ITS OWN BENEFITS
15 PACKAGE.

16
17 WHEREAS, on September 24, 2009, the medical assistance
18 division of the human services department announced a series of
19 cuts expected in medicaid budgets affecting tribes in New
20 Mexico; and

21 WHEREAS, the human services department is bound by the
22 state-tribal consultation policy announced by the governor and
23 is required by the federal stimulus act, the American Recovery
24 and Reinvestment Act of 2009, to consult with federally
25 recognized tribes on any medicaid plan amendments, waiver

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1 requests and proposals that are likely to have a direct impact
2 on Indian health programs and Native American medicaid
3 beneficiaries; and

4 WHEREAS, the human services department issued a state-
5 tribal consultation, collaboration and communication policy
6 that outlines the history of the State-Tribal Collaboration Act
7 signed into law on March 19, 2009; and

8 WHEREAS, the human services department's consultation
9 policy includes the review of programmatic actions and the
10 determination of whether such actions may have tribal
11 implications; and

12 WHEREAS, the Indian health service and tribal programs
13 under Public Law 93-638 are the primary health care providers
14 for Native Americans in New Mexico, and, currently, seventeen
15 percent of the Indian health service's base budget is derived
16 from third-party revenue, which includes medicaid; and

17 WHEREAS, the federal government's spending for health care
18 in tribal areas is less than one-half of that spent for the
19 country's prisoners; and

20 WHEREAS, medicaid is important to the state's economic
21 recovery, and, with the temporary enhanced federal match, is
22 currently bringing in nearly four dollars (\$4.00) of federal
23 match money for every one dollar (\$1.00) spent on the program
24 and, in fiscal year 2007, medicaid generated three billion
25 three hundred sixty million dollars (\$3,360,000,000) in

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1 economic activity in New Mexico; and

2 WHEREAS, medicaid spending sustains more than forty
3 thousand jobs in New Mexico, and, according to the university
4 of New Mexico's bureau of business and economic research, for
5 every one hundred million dollars (\$100,000,000) cut in state
6 funds, five thousand jobs are lost; and

7 WHEREAS, the human services department issued a medicaid
8 concept paper that outlines a proposed medicaid redesign of
9 services; and

10 WHEREAS, the impact of the medicaid redesign on tribal
11 communities, programs and individual members has not been
12 provided by the human services department, although it is
13 required that tribal leaders and their appointees and the
14 Indian health service be given information about the impact of
15 the redesign so as to provide important systemic input into the
16 redesign of medicaid services; and

17 WHEREAS, medicaid offers vital health care services and
18 access for eighty-three thousand four hundred two Native
19 Americans of whom fifty-five thousand two hundred fifty-two are
20 children and the others include people with disabilities, the
21 elderly and low-income families on and off the reservations;
22 and

23 WHEREAS, based on data from the United States census
24 bureau, an estimated forty-three percent of the New Mexico
25 Native American population is currently enrolled in medicaid,

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1 and an estimated thirty-two percent of New Mexico Native
2 Americans are uninsured; and

3 WHEREAS, in 2009, the state medicaid budget was three
4 billion four hundred million dollars (\$3,400,000,000), and in
5 2004, New Mexico spent two hundred seventy-two million dollars
6 (\$272,000,000), less than eight percent of the total medicaid
7 budget, for Native American medicaid recipients; and

8 WHEREAS, compared with all other groups in New Mexico,
9 Native Americans experience an overall lower health status and
10 rank at or near the bottom of other social, educational and
11 economic indicators, which indicators include a life expectancy
12 that is four years less than the overall United States
13 population and higher mortality rates involving diabetes,
14 alcoholism, cervical cancer, suicide, heart disease and
15 tuberculosis, and higher rates of behavioral health issues,
16 including substance abuse; and

17 WHEREAS, the human services department has committed
18 resources to address these disparities, recognizing that a
19 community-based and culturally appropriate approach to health
20 and human services is essential to maintain and preserve Native
21 American cultures; and

22 WHEREAS, the medicaid program lost significant funding,
23 over two hundred million dollars (\$200,000,000), in 2009, when
24 state funds were taken from medicaid to address other parts of
25 the budget, and the program was temporarily sustained by

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1 federal stimulus funds that will expire at the end of 2010, and
2 possibly 2011, if extended, which will have an effect on
3 enrollment procedures, provider rates and services for Native
4 American recipients, even at the one-hundred-percent federal
5 medical assistance percentages allocation; and

6 WHEREAS, medicaid is vital for on-reservation Indian
7 health services and tribal programs under Public Law 93-638 and
8 sustains health care jobs in the Indian health service system;
9 and

10 WHEREAS, in 2000, the per capita income on the Navajo
11 Nation, seven thousand two hundred sixty-nine dollars (\$7,269)
12 per year, was one-third of the per capita income for the rest
13 of the United States, and, overall, per capita income for
14 Native Americans averages twelve thousand eight hundred ninety-
15 three dollars (\$12,893) per year; and

16 WHEREAS, the unemployment rate on the Navajo Nation has
17 doubled from twenty-five and six-tenths percent in 2000 to
18 fifty and one-half percent in 2007; and

19 WHEREAS, Navajo Nation President Joe Shirley has written a
20 formal request to the medical assistance division requesting
21 consideration of the Navajo Nation's opposition to tribal
22 health cuts; and

23 WHEREAS, any cut whatsoever to medicaid expenditures for
24 the chapters of the Navajo Nation, the pueblos, the Jicarilla
25 Apache Nation and the Mescalero Apache Tribe will have a

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1 significant and disparate impact on a very vulnerable system of
2 health care delivery;

3 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
4 STATE OF NEW MEXICO that the legislature recommend that
5 medicaid be fully funded to meet enrollment needs and to avoid
6 cuts to eligibility and services and that state funds be
7 restored to establish the baseline of funding for the program
8 and that these funds not be reduced again if the federal
9 stimulus is extended into state fiscal year 2011; and

10 BE IT FURTHER RESOLVED that no major changes be made to
11 tribal health services delivery or funding, absent a formal
12 tribal consultation, so as to establish a process to develop a
13 Native American coverage program utilizing the state
14 consultation process for inclusion of tribal representatives,
15 the Indian health service and tribal leaders in developing a
16 Native American coverage plan acceptable to New Mexico's
17 twenty-two tribes, nations and pueblos; and

18 BE IT FURTHER RESOLVED that a program be developed to
19 establish Native Americans as a separate category of
20 eligibility with its own benefits package; and

21 BE IT FURTHER RESOLVED that the medicaid program be
22 protected from structural changes that would reduce coverage
23 and services and that an approach toward medicaid that is
24 aligned with the purposes of national health care reform be
25 developed to ensure health care coverage for low-income people;

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1 and

2 BE IT FURTHER RESOLVED that revenues for medicaid be
3 raised using options that create a fairer tax system and that
4 alleviate the burden on working families and low-income New
5 Mexicans; and

6 BE IT FURTHER RESOLVED that copies of this memorial be
7 transmitted to the governor, the secretary of human services,
8 the medical assistance division of the human services
9 department, the tribal leadership for all Indian tribes,
10 nations and pueblos and the Indian affairs department.

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